

FY 2005, 2006, 2007 GPRA MEASURES

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Maintain at the FY 2004 rate of 17%	Maintain at the FY 2005 rate of 15%	Maintain at the FY 2005 rate of 15%	Kelly Acton, OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Maintain at the FY 2004 rate of 27%	Increase the rate to 32% (2% above the FY 2005 rate of 30%)	Increase the rate to 34% (4% higher than the FY 2005 rate of 30%)	Kelly Acton, OCPS/DDTP, 505-248-4182
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Maintain at the FY 2004 rate of 35%	Maintain at the FY 2005 rate of 37%	Maintain at the FY 2005 rate of 37%	Kelly Acton, OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Maintain at the FY 2004 rate of 53%	Increase the rate to 56% (3% higher than the FY 2005 rate of 53%)	Increase the rate to 59% (6% higher than the FY 2005 rate of 53%)	Kelly Acton, OCPS/DDTP, 505-248-4182
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Maintain at the FY 2004 rate of 42%	Increase the rate to 50% (3% higher than the FY 2005 rate of 47%)	Increase the rate to 53% (6% higher than the FY 2005 rate of 47%) Establish new baseline due to change in Diabetes Standards of Care requiring major change in CRS logic. CRS Nephropathy Assessment definition will be revised to look for BOTH an estimated GFR and a quantitative urine protein assessment (e.g. A/C ratio,	Kelly Acton, OCPS/DDTP, 505-248-4182

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
			microalbumin, timed urine protein) during Report Period OR diagnosed with ESRD ever.	
6. Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Maintain at the FY 2004 rate of 55% at designated pilot sites	Maintain at the FY 2005 rate of 50% at designated pilot sites. Establish new baseline rate at all sites	Maintain the FY 2006 rate at all sites	Mark Horton, PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				
7. Cancer Screening: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Maintain at the FY 2004 rate of 58%	Maintain at the FY 2005 rate of 60%	Maintain at the FY 2005 rate of 60%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Maintain at the FY 2004 rate of 40%	Maintain at the FY 2005 rate of 41%	Maintain at the FY 2005 rate of 41%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
9. Cancer Screening: Colorectal Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	New measure beginning in FY 2006	Establish baseline rate	Maintain at the FY 2006 rate	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output effective 05]	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Wilbur Woodis, OCPS/DBH, 301- 443-6581

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
<u>11. Alcohol Screening (FAS Prevention):</u> Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Increase the screening rate over the FY 2004 rate of 7%	Increase the screening rate to 12% (1% over the FY 2005 rate of 11%)	Increase the screening rate to 13% (2% over the FY 2005 screening rate of 11%)	Wilbur Woodis, OCPS/DBH, 301-443-6581
Oral Health Group				
<u>12. Topical Fluorides:</u> Proportion of patients receiving one or more fluoride treatments. [outcome] (In 2005 only: topical fluoride applications are a component of this measure.)	Establish the baseline number of patients receiving topical fluoride treatments Establish the baseline number of topical fluoride applications	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride treatments	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride treatments	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>13. Dental Access:</u> Percent of patients who receive dental services. [outcome]	Maintain at the FY 2004 rate of 24%	Maintain at the FY 2005 rate of 24%	Maintain at the FY 2005 rate of 24%	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>14. Dental Sealants:</u> Number of sealants placed per year in AI/AN patients. [outcome]	Maintain at the FY 2004 rate of 287,158/230,295 sealants (First number is NPIRS, second is CRS)	Maintain at the FY 2005 rate of 249,882 sealants (Results based on CRS only beginning in 2006)	Maintain at the FY 2005 rate of 249,882 sealants	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>15. Diabetes: Dental Access:</u> Proportion of patients diagnosed with diabetes who obtain access to dental services. [outcome]	Maintain at the FY 2004 rate of 37%	Eliminated in FY 2006	Eliminated in FY 2006	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Abuse, Violence, and Neglect Measure				
<u>16. Domestic (Intimate Partner) Violence Screening:</u>	Maintain at the FY 2004 rate of 4%	Increase the rate to 14% (1% over the FY 2005 rate of 13%)	Increase the rate to 15% (2% over the FY 2005 rate of 13%)	Theresa Cullen, ITSC/DIR/OMS 520-670-4803

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
Proportion of women who are screened for domestic violence at health care facilities. [outcome]				Ramona Williams, OCPS/DBH, 301-443-2038
Information Technology Development Group				
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software.	Increase the number of GPRA performance measures that can be reported by CRS software by 2 measures	Increase the number of GPRA performance measures that can be reported by CRS software over the FY 2005 rate	All clinical GPRA performance measures will be reported using CRS software	Theresa Cullen, ITSC/DIR/ OMS, 520-670-4803
18. Behavioral Health: Number of sites using the RPMS Behavioral Health (BH) software application. In 2006 changes to: Proportion of adults ages 18 and over who are screened for depression. [Changes to outcome in FY 2006]	Increase the percentage of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 rate	Establish the baseline rate of adults screened for depression	Maintain at the FY 2006 rate	Wilbur Woodis, OCPS/DBH, 301-443-6581
19. Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system. In 2006 changes to: Number of urban programs using automated patient record system and data warehouse.	IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format	Increase number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process from 2005 levels	Maintain the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process at the FY 2006 level	Denise Exendine OD/OUIHP, 301-443-4680
Quality of Care Group				

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Balerna Burgess, ORAP/BOE, 301-443-1016
21. Medication Error Improvement: Number of Areas with a medication error reporting system. [outcome] In 2006, changes to Medical Error Improvement: Number of areas with a medical error reporting system.	6 Areas will have a medication error reporting system in place	Medical Error: Establish and evaluate a medical error reporting system at 3 Areas	Maintain a medical error reporting system at 3 Areas Patient Safety: Development and deployment of a patient safety measurement system Target: Deploy to 10 sites	Sheila Warren, OCPS 301-443-9058 Theresa Cullen, CIO, OIT 301-443-9848
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing. [outcome] changes to output in 06	Maintain the FY 2004 all-settings level of 423,379 services	Implement data system to record time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community	Establish a baseline of time spent and nature of public health activities performed by public health nurses Eliminate (PHN measure lead is proposed to become co-lead on new proposed breastfeeding measure and on immunization measures.)	Cheryl Peterson, OCPS 301-443-1840
Immunization Group				
24. Childhood Immunizations: Immunization rates for AI/AN patients aged 19-35 months. [outcome]	Maintain at the FY 2004 rate of 72%	Maintain at the FY 2005 rate of 75%	Maintain at the FY 2005 rate of 75%	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2004 rate of 54% (ON HOLD in FY 2005 due to influenza vaccine shortage).	Maintain at the FY 2005 rate of 59%	Maintain at the FY 2005 rate of 59%	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2004 rate of 69%	Increase the rate to 72% (3% over the FY 2005 rate of 69%)	Increase the rate to 76% (3% over the FY 2005 rate of 69%)	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
Injury Prevention Group				
27. Injury Intervention: Number of community-based injury prevention programs (Measure will reflect number of projects per area starting in FY 2007).	Maintain 37 community-based injury prevention projects	Web-based Reporting: Implement web-based data collection system to report injury prevention projects.	Conduct at least three community injury prevention projects in each Area and report them using the automated tracking system.	Nancy Bill, OEHE/DEHS, 301-443-0105
28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN people. [outcome]	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
29. Suicide Surveillance: Collection of comprehensive data on incidence of suicidal behavior. In 2006 changes to: Incidence of suicidal behavior [Changes to outcome in FY 2006]	Integrate the Behavioral Health suicide reporting tool into RPMS	Establish a baseline of the incidence of suicidal behavior	<u>Maintain the incidence of suicidal behavior at the FY 2006 rate</u> <u>Eliminate as annual GPRA measure. Change to long term goal for measure 18 Depression Screening to read "Decrease the incidence of suicidal behavior by X % by 20XX (Measure lead to establish long term target)"</u>	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment Group				
30. CVD Prevention: Cholesterol: Proportion of patients ages 23 and older who receive blood cholesterol screening. In FY 2007 changes to CVD	Establish the baseline rate of patients 23 and older who receive blood cholesterol screening	Increase the rate to 44% (1% over the FY 2005 rate of 43%)	CVD Prevention: Comprehensive Assessment: Establish the baseline rate of at-risk patients who have a comprehensive assessment <u>Please note that in the 2006 version of CRS software, this measure</u>	James Galloway, PAO/Native American Cardiology Program, 928-214-3920

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
<u>Prevention: Comprehensive Assessment:</u> Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors. [outcome]			consisted of 6 components, all of which had to be met in order to meet the comprehensive measure. In 2007, the depression component will not be a component of the comprehensive measure. However, depression screening data will still be collected. Also, the denominator changes from Active Clinical 46+ without diabetes to Active IHD 22+.	
31. Obesity Assessment: Proportion of patients for whom BMI data can be measured. In 2006, changes to <u>Childhood Weight Control:</u> Proportion of children ages 2-5 years with a BMI of 95% or higher. In 2007, changes to <u>Breastfeeding:</u> Proportion of 2-month olds who are mostly or exclusively breastfeeding [outcome]	Increase the rate to 65% (5% over the FY 2004 rate of 60%)	<u>Childhood Weight Control:</u> Establish the baseline rate of children ages 2-5 with a BMI of 95% or higher	Maintain the rate of children with a BMI of 95% or higher at the FY 2006 level <u>Breastfeeding:</u> Establish baseline rate of 2-month olds who are mostly or exclusively breastfeeding (Reduction in the rate of children with a BMI of 95% or higher will become the long term goal for this measure)	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
<u>32. Tobacco Use Assessment:</u> Proportion of patients ages 5 and above who are screened for tobacco use. In 2006, changes to <u>Tobacco Cessation Intervention:</u> Proportion of tobacco-using patients that receive tobacco cessation intervention. [outcome]	Maintain at the FY 2004 rate of 27%	<u>Tobacco Cessation Intervention:</u> Establish the initial rate of patients receiving tobacco cessation intervention	Maintain the FY 2006 rate	Nat Cobb, OPHS/Epi , 505-248-4132
HIV/AIDS Measure				
<u>33. HIV Screening:</u> Proportion	Establish the baseline rate of	Increase the rate to 55% (1% over	Maintain at the FY 2006 target rate	Jim Cheek, DPHS/Epi, 505-

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
of pregnant women screened for HIV. [outcome]	pregnant women screened for HIV	the FY 2005 rate of 54%)	of 55%	248-4226
Environmental Surveillance Measure				
34. Environmental Surveillance: Number of tribal programs with automated web-based environmental health surveillance data collection system (WebEHRS).	12 environmental health programs.	18 programs	29 programs	Kelly Taylor, OEHE,OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. EFFICIENCY MEASURE	20,000 homes	22,000	22,500	James Ludington, OEHE/DSFC 301-443-1046
35A. Sanitation Improvement A. Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632.	Not a FY 2005 measure	20% of homes	30% of homes	James Ludington, OEHE/DFSC, 301-443-1046
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed. EFFICIENCY MEASURE (effective 2005)	Complete the FY 2005 projected construction phases of 23 health care facilities identified in Detail of Performance, 2007 Congressional Justification.	Complete construction of replacement health centers at Red Mesa, AZ, St. Paul, AK, and Metlakatla, AK	Complete construction of replacement health centers at Sisseton, SD and Phoenix-Nevada Youth Regional Health Center (YRYC) Clinton, OK	Jose Cuzme, OEHE/DFPC/, 301-443-8616

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY MEASURES C				
Consultation Improvement Measure				
Administrative Efficiency, Effectiveness, and Accountability Group				
39. Public Health Infrastructure Assure appropriate administrative and public health infrastructure is in place.	Complete assessment in an additional three Area Offices	Eliminated in FY 2006	Eliminated in FY 2006	Nat Cobb, OPHS/Epi, 505-248-4132
Quality of Work Life and Staff Retention Group				
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation.	Increase the rate to 22% (2% over the FY 2004 rate of 20%) Moves to Treatment Group in 2006	Increase the rate to 32% (2% over the FY 2005 rate of 30%) Moves to Treatment Group in 2006	Increase the rate to 34% (2% over the FY 2006 target rate of 32%)	Jess Brien, OPHS/DHP, 301-443-2545

**** Measures 22 (Customer Satisfaction), 37 (Consultation Process), 38 (CHS Procurement Improvement), 40 (Compliance Plans), and 41 (Tribal SD Process) were completed prior to 2005 and removed from the matrix.**